

<i>SERFF Tracking Number:</i>	<i>PMGP-125681141</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>CMG Mortgage Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>002.08 CMG</i>		
<i>TOI:</i>	<i>06.0 Mortgage Guaranty</i>	<i>Sub-TOI:</i>	<i>06.0000 MG Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>002.08 CMG - Introduction of new CMG Application for Insurance, form CMG 1011 (07/08), and Revision to CMG EZ-Refi Program Transmittal Form, CMG 2221.01 (07/08)</i>		
<i>Project Name/Number:</i>	<i>002.08 CMG - Introduction of new CMG Application for Insurance, form CMG 1011 (07/08), and Revision to CMG EZ-Refi Program Transmittal Form, CMG 2221.01 (07/08)/002.08 CMG</i>		

Filing at a Glance

Company: CMG Mortgage Insurance Company

Product Name: 002.08 CMG - Introduction of new CMG Application for Insurance, form CMG 1011 (07/08), and Revision to CMG EZ-Refi Program Transmittal Form, CMG 2221.01 (07/08)

SERFF Tr Num: PMGP-125681141 State: Arkansas

TOI: 06.0 Mortgage Guaranty

Sub-TOI: 06.0000 MG Sub-TOI Combinations

Co Tr Num: 002.08 CMG

SERFF Status: Closed

State Tr Num: EFT \$50

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Authors: Madge Bagala, Barbara Coronado

Disposition Date: 06/12/2008

Date Submitted: 06/06/2008

Disposition Status: Approved

Effective Date Requested (New): 07/15/2008

Effective Date Requested (Renewal): 07/15/2008

Effective Date (New): 07/15/2008

Effective Date (Renewal): 07/15/2008

State Filing Description:

General Information

Project Name: 002.08 CMG - Introduction of new CMG Application for Insurance, form CMG 1011 (07/08), and Revision to CMG EZ-Refi Program Transmittal Form, CMG 2221.01 (07/08)

Status of Filing in Domicile: Pending

Domicile Status Comments: Filed simultaneously nationwide.

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 06/12/2008

Deemer Date:

State Status Changed: 06/12/2008

<i>SERFF Tracking Number:</i>	<i>PMGP-125681141</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>CMG Mortgage Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>002.08 CMG</i>		
<i>TOI:</i>	<i>06.0 Mortgage Guaranty</i>	<i>Sub-TOI:</i>	<i>06.0000 MG Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>002.08 CMG - Introduction of new CMG Application for Insurance, form CMG 1011 (07/08), and Revision to CMG EZ-Refi Program Transmittal Form, CMG 2221.01 (07/08)</i>		
<i>Project Name/Number:</i>	<i>002.08 CMG - Introduction of new CMG Application for Insurance, form CMG 1011 (07/08), and Revision to CMG EZ-Refi Program Transmittal Form, CMG 2221.01 (07/08)/002.08 CMG</i>		

Corresponding Filing Tracking Number:

<i>SERFF Tracking Number:</i>	<i>PMGP-125681141</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>CMG Mortgage Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>002.08 CMG</i>		
<i>TOI:</i>	<i>06.0 Mortgage Guaranty</i>	<i>Sub-TOI:</i>	<i>06.0000 MG Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>002.08 CMG - Introduction of new CMG Application for Insurance, form CMG 1011 (07/08), and Revision to CMG EZ-Refi Program Transmittal Form, CMG 2221.01 (07/08)</i>		
<i>Project Name/Number:</i>	<i>002.08 CMG - Introduction of new CMG Application for Insurance, form CMG 1011 (07/08), and Revision to CMG EZ-Refi Program Transmittal Form, CMG 2221.01 (07/08)/002.08 CMG</i>		

Filing Description:

Enclosed for filing with the Insurance Department are CMG Mortgage Insurance Company's ("CMG") new CMG MI Application for Insurance, form CMG 1011 (07/08), and revised CMG EZ-Refi Program Transmittal Form, CMG 2221.01 (07/08), which will only supersede the 07/05 edition of the same form. The changes are necessary to improve our lender-customers' ease of use.

The proposed CMG MI Application for Insurance, form CMG 1011 (07/08), streamlines our applicaiton process by incorporating required elements from two previously filed application/transmittal forms into one form. Therefore, this application will replace the following two forms currently on file with your Department:

- CMG Application for Insurance, form CMG 2101 (5/05)
- CMG Delegated Transmittal, Form CMG 2208 (5/05)

The following fields, not previously approved for the 2005 forms, have been placed on this form to allow CMG to capture all the pertinent details currently required to underwrite a mortgage loan for insurance:

- Documentation Type - Although this is new, previously the forms had boxes for specific limited documentation loan types. This new, more generic field can capture information about all loan documentation types.
- Relocation Program check box – New
- Amortization Type check boxes – New
- Borrower Paid and Lender Paid check boxes - New
- Premium Refund Type: Refund and No Refund check boxes - New

For the CMG EZ-Refi Program Transmittal Form, CMG 2221.01 (07/08), a side-by-side comparison with the previously approved form is being attached.

The proposed effective date for the revised forms is July 15, 2008, or as soon thereafter as allowable by your law or regulation. Should you have any questions or need additional information, please contact me at 800-288-1970, extension 6211.

SERFF Tracking Number: PMGP-125681141 State: Arkansas
Filing Company: CMG Mortgage Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 002.08 CMG
TOI: 06.0 Mortgage Guaranty Sub-TOI: 06.0000 MG Sub-TOI Combinations
Product Name: 002.08 CMG - Introduction of new CMG Application for Insurance, form CMG 1011 (07/08), and Revision to CMG EZ-Refi
Program Transmittal Form, CMG 2221.01 (07/08)
Project Name/Number: 002.08 CMG - Introduction of new CMG Application for Insurance, form CMG 1011 (07/08), and Revision to CMG EZ-Refi
Program Transmittal Form, CMG 2221.01 (07/08)/002.08 CMG

Company and Contact

Filing Contact Information

(This filing was made by a third party - PMIG01)

Madge Bagala, Director, Legal Operations madge.bagala@pmigroup.com
3003 Oak Road (800) 288-1970 [Phone]
Walnut Creek, CA 94597 (925) 658-6175[FAX]

Filing Company Information

CMG Mortgage Insurance Company CoCode: 40266 State of Domicile: Wisconsin
3003 Oak Road Group Code: 306 Company Type: Mortgage Guaranty
Insurance
Walnut Creek, CA 94597 Group Name: State ID Number:
(800) 288-1970 ext. [Phone] FEIN Number: 36-3105660

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
CMG Mortgage Insurance Company	\$50.00	06/06/2008	20707756

SERFF Tracking Number:	PMGP-125681141	State:	Arkansas
Filing Company:	CMG Mortgage Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	002.08 CMG		
TOI:	06.0 Mortgage Guaranty	Sub-TOI:	06.0000 MG Sub-TOI Combinations
Product Name:	002.08 CMG - Introduction of new CMG Application for Insurance, form CMG 1011 (07/08), and Revision to CMG EZ-Refi Program Transmittal Form, CMG 2221.01 (07/08)		
Project Name/Number:	002.08 CMG - Introduction of new CMG Application for Insurance, form CMG 1011 (07/08), and Revision to CMG EZ-Refi Program Transmittal Form, CMG 2221.01 (07/08)/002.08 CMG		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	06/12/2008	06/12/2008

<i>SERFF Tracking Number:</i>	<i>PMGP-125681141</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>CMG Mortgage Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>002.08 CMG</i>		
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Disposition

Disposition Date: 06/12/2008

Effective Date (New): 07/15/2008

Effective Date (Renewal): 07/15/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	PMGP-125681141	State:	Arkansas
Filing Company:	CMG Mortgage Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	002.08 CMG		
TOI:	06.0 Mortgage Guaranty	Sub-TOI:	06.0000 MG Sub-TOI Combinations
Product Name:	002.08 CMG - Introduction of new CMG Application for Insurance, form CMG 1011 (07/08), and Revision to CMG EZ-Refi Program Transmittal Form, CMG 2221.01 (07/08)		
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Application for Insurance	Approved	Yes
Form	EZ Refi Program Transmittal	Approved	Yes

SERFF Tracking Number: PMGP-125681141 State: Arkansas

Filing Company: CMG Mortgage Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: 002.08 CMG

TOI: 06.0 Mortgage Guaranty Sub-TOI: 06.0000 MG Sub-TOI Combinations

Product Name: 002.08 CMG - Introduction of new CMG Application for Insurance, form CMG 1011 (07/08), and Revision to CMG EZ-Refi Program Transmittal Form, CMG 2221.01 (07/08)

Project Name/Number: 002.08 CMG - Introduction of new CMG Application for Insurance, form CMG 1011 (07/08), and Revision to CMG EZ-Refi Program Transmittal Form, CMG 2221.01 (07/08)/002.08 CMG

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Application for Insurance	CMG 1011 (07/08)	07/08	Application/ New Binder/Enrollment		0.00	Application for Insurance Form 07-08.pdf
Approved	EZ Refi Program Transmittal	CMG 2221.01 (07/08)	07/08	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 CMG 2221.01 (07/05) Previous Filing #: 010.05 CMG		EZ Refi Program Transmittal form 07-08.pdf

CMG MI Application for Insurance

<p>CMG MI Master Policy #: _____</p> <p>Customer Name: _____</p> <p style="text-align: center;">Fax to CMG MI: 888.763.2264 Phone: 888.746.6264</p>	<p>CONTACT INFORMATION:</p> <p>Name: _____</p> <p>Phone #: _____ Fax #: _____</p> <p>Email Address: _____</p> <p>Borrower Name(s): _____</p>
<p>MI APPLICATION:</p> <p> <input type="checkbox"/> Standard/Full <input type="checkbox"/> EZ Application <input type="checkbox"/> Delegated <input type="checkbox"/> Pre-Qualification Full <input type="checkbox"/> Contract Underwriting <input type="checkbox"/> Pre-Qualification EZ Application </p> <p>Complete the following for all loans:</p> <p>Third-Party Originated: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Correspondent/Originator/3rd Party Name: _____</p> <p>Investor/Purchaser: _____</p> <p>AUTOMATED UNDERWRITING DECISION:</p> <p>Fannie Mae Desktop Underwriter® (eligible)</p> <p><input type="checkbox"/> Approve <input type="checkbox"/> Refer</p> <p>Expanded Approval Level _____</p> <p>Freddie Mac Loan Prospector® (eligible)</p> <p>Risk Class: <input type="checkbox"/> Accept <input type="checkbox"/> Caution <input type="checkbox"/> A-Minus</p> <p>Other: _____</p>	<p>LOAN PROGRAM INFORMATION (cont.):</p> <p>Balloon Term: _____ mos. Amortization Term: _____ mos.</p> <p>Temporary Buydowns: <input type="checkbox"/> 1-0% <input type="checkbox"/> 2-1% <input type="checkbox"/> 3-2-1% <input type="checkbox"/> Other</p> <p>Frequency of Buydown Adjustments: _____ mos.</p> <p>Amortization Type: <input type="checkbox"/> Potential Negative Amortization <input type="checkbox"/> Full (positive) Amortization <input type="checkbox"/> Interest Only <input type="checkbox"/> Option Payment</p> <p>Loan Type: <input type="checkbox"/> Fixed <input type="checkbox"/> ARM <input type="checkbox"/> Other</p> <p>Complete the following if an ARM:</p> <p>Index Value: _____ Margin: _____</p> <p>ARM 1st/Next Interest Rate Adj: _____ / _____ mos.</p> <p>ARM 1st/Next Interest Rate Cap: _____ / _____ %</p>
<p>LOAN PROGRAM INFORMATION:</p> <p>Program Name: _____</p> <p>Documentation Type: _____</p> <p>Relocation Loan: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Construction-to-Perm: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Manufactured Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, check type) <input type="checkbox"/> Chassis-Type <input type="checkbox"/> Modular <input type="checkbox"/> Panelized/PreFab</p>	<p>MORTGAGE INSURANCE COVERAGE:</p> <p><input type="checkbox"/> Borrower-Paid MI <input type="checkbox"/> Lender-Paid MI</p> <p>MI Coverage: _____ %</p> <p>Renewal Type: <input type="checkbox"/> Constant <input type="checkbox"/> Amortizing (Renewal Type not applicable for CMG Single Premium)</p> <p>Premium Refund Type: <input type="checkbox"/> Refund <input type="checkbox"/> No Refund</p> <p>Premium Financed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Base Loan Amount: \$ _____</p> <p>Premium Plan: <input type="checkbox"/> EZ MonthlySM <input type="checkbox"/> MONTHLY <input type="checkbox"/> Standard Annual <input type="checkbox"/> Level Annual <input type="checkbox"/> CMG Single Premium</p>
ADDITIONAL INFORMATION FOR CMG MI DELEGATED SUBMISSIONS	
<p>Borrower(s) Loan Representative Credit Score:</p> <p>Borrower: #1 #2 #3 #4 #5</p> <p>Overall Loan Rep Credit Score: _____</p> <p>Nontraditional Credit Used to Qualify: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Property County: _____</p>	<p>Current Housing Expense: (If subject property is 2nd home/investment) \$ _____</p> <p>Subject Property Gross Rent: (If 2-4 unit or investment property) \$ _____</p> <p>(Please use codes on page 2.)</p> <p>Borrower #1: Gender _____ Ethnicity _____ Race _____</p> <p>Borrower #2: Gender _____ Ethnicity _____ Race _____</p>
<p>Customer represents that all the information provided in this application is correct and complete and conforms to applicable CMG MI program requirements in effect at the time of application. Any person who, with intent to defraud, or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be subject to criminal or civil penalties. (A fraudulent insurance act is a crime in Kentucky.)</p>	
<p>SIGNATURE OF AUTHORIZED REPRESENTATIVE/TITLE _____ DATE SIGNED _____</p>	

CMG Mortgage Insurance Company
A Joint Venture between PMI Mortgage Insurance Co. and
CUNA Mutual Investment Corporation

Required Documentation:**For Delegated Application:**

1. Uniform Underwriting and Transmittal Summary
(*Fannie Mae 1008/Freddie Mac 1077*)

For EZ Application:

1. Uniform Residential Loan Application
(*Fannie Mae 1003/Freddie Mac 65*)
2. Uniform Underwriting and Transmittal Summary
(*Fannie Mae 1008/Freddie Mac 1077*)
3. Residential Mortgage Credit Report (RMCR) or tri-merged report (*additional credit requirements may be applicable based on DU[®] /LP findings*)
4. Residential Appraisal Report (*additional appraisal requirements may be applicable based on DU[®] /LP findings*)

For Standard/Full Application:

1. Uniform Residential Loan Application
(*Fannie Mae 1003/Freddie Mac 65*)
2. Uniform Underwriting and Transmittal Summary
(*Fannie Mae 1008/Freddie Mac 1077*)
3. Residential Mortgage Credit Report (RMCR) or tri-merged report (*additional credit requirements may be applicable based on DU[®] /LP findings*)
4. Residential Appraisal Report (*additional appraisal requirements may be applicable based on DU[®] /LP findings*)
5. Sales Contract
6. Verification of Employment, if applicable
7. Verification of Income, if applicable
8. Verification of cash needed to close plus reserves, if applicable
9. Loan payment history, if not included in credit report (*for refinance and seasoned loans*)
10. Fannie Mae DU[®] Findings/Freddie Mac LP Feedback (if DU[®] / LP approved)

**Information for Government
Monitoring Purposes/Codes:**

- Gender:**
- 1 Male
 - 2 Female
 - 3 Info not provided
 - 4 Not applicable
 - 5 No co-applicant

- Ethnicity:**
- 1 Hispanic or Latino
 - 2 Not Hispanic or Latino
 - 3 Info not provided
 - 4 Not applicable
 - 5 No co-applicant

- Race:**
- 1 American Indian or Alaskan Native
 - 2 Asian
 - 3 Black or African American
 - 4 Native Hawaiian or other Pacific Islander
 - 5 White
 - 6 Info not provided
 - 7 Not applicable
 - 8 No co-applicant

Fax to CMG MI: 888.763.2264

Phone: 888.746.6264

**CMG MI's applications for insurance are available on our
Web site at www.cmgmil.com.**

EZ-REFI PROGRAM

CMG Mortgage Insurance (CMG MI) will agree to the refinance of the loan referenced below if the lender certifies that the refinance meets the requirements as listed on the following page, and that all the following information provided is true and correct. If certification is not possible, please contact CMG MI at 888.746.6264. **Please fax completed form to 888.763.2264.**

CMG MI Master Policy #: _____ - _____ - _____

CONTACT INFORMATION:

CMG MI Customer Name: _____

Name: _____

Address: _____

Phone #: _____

Fax #: _____

Email: _____

Current CMG MI Certificate #: _____

SUBJECT PROPERTY ADDRESS:

Customer Loan #: _____

Borrower Name(s)	Credit Score	Credit Source
_____	_____	_____
_____	_____	_____
_____	_____	_____

Appraised Value: _____

Provide the terms of the refinance that apply:

Loan Terms: _____

Adjustable Rate/Adjustable Payment Data:

Loan Amount¹: \$ _____

Initial Payment Rate: _____ %

Premium Financed: \$ _____

ARM 1st/Next Interest Rate Adj: _____ / _____ mos

Total Loan Amount: \$ _____

ARM 1st/Next Interest Rate Cap: _____ / _____ %

Interest Rate: _____

Negative Amortization: ☐ None ☐ Potential

Loan Type: ☐ Fixed ☐ ARM ☐ Other _____

Temporary Buydown Information:

Interest Only: ☐ Yes ☐ No

☐ 1-0% ☐ 2-1%

If yes, term: _____ months

☐ 3-2-1% ☐ Other _____

Subordinate Financing: \$ _____

Frequency of Buydown Adjustments: _____ months

Amortization Term: _____ months

☐ Balloon Balloon Terms: _____ months

¹If negative amortization has occurred, the premium will be calculated on the higher LTV to assure that there is no change in CMG MI's risk exposure. If the loan amount has increased, CMG MI may request additional documentation.

MORTGAGE INSURANCE COVERAGE:

Coverage: _____ %

Renewal Type: ☐ Constant ☐ Amortizing

Payment Plan:

Rollover Refund: ☐ Yes ☐ No

☐ EZ MonthlySM ☐ MONTHLY

Premium Financed: ☐ Yes ☐ No

☐ Standard Annual ☐ Level Annual

Refund Type: ☐ Refund ☐ No Refund

☐ CMG Single Premium

The undersigned lender represents and certifies that the above information is correct and complete and acknowledges that continuation of mortgage insurance coverage by CMG MI is provided in reliance upon the representations noted above. Any person who, with intent to defraud, or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be subject to criminal or civil penalties. (A fraudulent insurance act is a crime in Kentucky.)

SIGNATURE OF CUSTOMER'S AUTHORIZED REPRESENTATIVE/TITLE

DATE SIGNED

EZ-REFI PROGRAM

CMG Mortgage Insurance (CMG MI) will provide a new Commitment and Certificate of Insurance. If a change in premium plan is required, the premium will be calculated based on the current premium rate for that plan.

If the requirements as stated below are met, simply fax a completed copy of CMG MI's EZ Refi Program form to CMG MI at 888.763.6264. If the requirements as stated below are not met, a new underwriting package is required.

CMG MI EZ Refi Program Requirements

- Loan being refinanced is currently insured by CMG MI.
- The loan is not being assumed by a new borrower(s).
- A new Note and Deed of Trust or Mortgage will be executed.
- The monthly mortgage loan payments are current and no late payments in last 12 months.
- The mortgage insurance premium on the CMG MI-referenced loan is current and is in full force.
- With the exception of reasonable and customary loan fees, no "new money" is being advanced.
- If junior lien(s) will be subordinated to the new first Deed of Trust or Mortgage, the combined loan-to-value ratio will not exceed 97%.
- Cash back to borrower not to exceed 2% of the total loan amount.

Where to submit your CMG MI EZ Refi Program Request:

Phone: 888-746-6264

Fax: 888-763-2264

If you have questions regarding CMG MI's EZ Refi Program, or any other CMG MI program, please contact your Account Executive.

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	06/12/2008
Comments:				
Attachment:				
NAIC Transmittal Forms App Filing.pdf				

Property & Casualty Transmittal Document

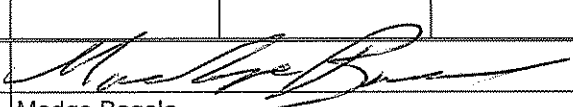
Reset Form

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	
CMG Mortgage Insurance Company	Wisconsin	40266	36-3105660		

5. Company Tracking Number	002.08 CMG
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Madge Bagala 3003 Oak Road, Walnut Creek, CA 94597	Director, Legal Operations	800-288-1970, ext. 6211	925-658-6175	madge.bagala@pmigroup.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Madge Bagala		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	06.0 Mortgage Guaranty
10. Sub-Type of Insurance (Sub-TOI)	06.0004 Other MG
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	n/a
12. Company Program Title (Marketing title)	Intro of new CMG App for Ins form & Rev EZ-Refi Program Form
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 07-15-2008 Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	n/a
17. Reference Organization # & Title	n/a
18. Company's Date of Filing	06-06-2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	002.08 CMG
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Enclosed for filing with the Insurance Department are CMG Mortgage Insurance Company's ("CMG") new CMG MI Application for Insurance, form CMG 1011 (07/08), and revised CMG EZ-Refi Program Transmittal Form, CMG 2221.01 (07/08), which will only supersede the 07/05 edition of the same form. The changes are necessary to improve our lender-customers' ease of use.

The proposed CMG MI Application for Insurance, form CMG 1011 (07/08), streamlines our application process by incorporating required elements from two previously filed application/transmittal forms into one form. Therefore, this application will replace the following two forms currently on file with your Department:

- CMG Application for Insurance, form CMG 2101 (5/05)
- CMG Delegated Transmittal, Form CMG 2208 (5/05)

The following fields, not previously approved for the 2005 forms, have been placed on this form to allow CMG to capture all the pertinent details currently required to underwrite a mortgage loan for insurance:

- Documentation Type - Although this is new, previously the forms had boxes for specific limited documentation loan types. This new, more generic field can capture information about all loan documentation types.
- Relocation Program check box - New
- Amortization Type check boxes - New
- Borrower Paid and Lender Paid check boxes - New
- Premium Refund Type: Refund and No Refund check boxes - New

For the CMG EZ-Refi Program Transmittal Form, CMG 2221.01 (07/08), a side-by-side comparison with the previously approved form is being attached.

[View Complete Filing Description](#)

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1. This filing transmittal is part of Company Tracking #		002.08 CMG			
2. This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)					
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	CMG MI Application for Insurance	CMG 1011 (07/08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	n/a	n/a
02	CMG EZ-Refi Program Transmittal Form	CMG 2221.01 (07/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CMG 2221.01 (07/05)	
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

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